

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING

08103014

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		4		4		
6		4		4		
7	1		1			
8		1		1		
9		1		1		
10		1		1		
11		1		1		
12		1		1		
13		1		1		
14		1		1		
15	1		1			
16		1		1		
17		1		1		
18		1		1		
19		1		1		
20	1		1			
21		1		1		
22	1		1			
23		1		1		
24		1		1		
25		1		1		
26		2		2		
27	1	1		1		
28		1		1		
29	1		1			
30		1		1		
31		2		2		
32		2		2		
33		1		1		
34		1		1		
35		1		1		
36	1		1			
37		1		1		
38	1		1			
39	1		1			
40		1		1		
41		1		1		
42		1		1		
43		1		1		
44		4		4		
45		1		1		
46		1		1		
47		1		1		
48		1		1		
49		1		1		
50	1		1			
TOTAL IND.	11					
TOTAL DEP.		10.4				
TOTAL CLAIMS	75					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1		1		
52		1		1		
53		1		1		
54		1		1		
55		4		4		
56	1		1			
57		1		1		
58		1		1		
59		1		1		
60		1		1		
61			1			
62				1		
63				1		
64				1		
65				1		
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99						
100						
TOTAL IND.			16			
TOTAL DEP.		4.1		4.7		
TOTAL CLAIMS			51			